P02.00063440 TRANSMITTAL LETTER 5 440

02 JUN -7 PM 4: 11

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT:	TACY B. KILLMO, (PROPOSED CORPORA)	JUC.	IIDE SHEETY)	
		9	100005725 -06/07/02(01030012
\$70.00	inal and one (1) copy of the article \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	STACY B. KILL Name (
-	407-29	FL 32. State & Zip 8-4110 elephone number	710	

NOTE: Please provide the original and one copy of the articles.

12/1/02

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME The name of the corporation shall be: STACY B. KILLMON, INC.	O2 JUN -7 PM 4: 11 SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: P.O. BOX 697	
CLARCONA, FL 32716 ARTICLE III PURPOSE The purpose for which the corporation is organized is: PROFFSSIONAL CORPORATION	
ARTICLE IV SHARES The number of shares of stock is:	
100 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
STACY B. KILLMON, PRESIDENT	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
STACY B. KILLMON 1819 Clarcona-Ocoec Rd ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
JACKSON HEWITT TAX SERVICE	
350 E. PINE ST. ORLANDI FL 3280 ***********************************	٠
Having been named as registered agent to accept service of process for the above stated of certificate, I am familiar with and accept the appointment as registered agent and agree to Signature/Registered Agent	"OPPOPATION At the place decimal and in this
Signature/Incorporator	# 4/5/2002 Date